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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Complete if Known					
				Application Nur	mber	10/761,827	)/761,827		
				Filing Date		January 21, 20	anuary 21, 2004		
For FY 2006				First Named In	ventor	Xiuli SUN et al.			
FOI F1 2000				Examiner Name Caixia Lu					
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 17		1713		·=·	
TOTAL AMOUNT OF PAYMENT (\$) 0			Attorney Docket No. 50755-2272			)	,		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order Other (please identify):									
X Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)									
1. BASIC FILIN		EXAMINATION FEES		מרון בררפ	EVALUE	IATION FEFO			
Application Ty		LING FEES <u>Small Entity</u> ) Fee (\$) F	SEA (\$) ee	RCH FEES Small Entity Fee (\$)	Fee (\$)	IATION FEES Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	300		500	250	200	100	1000	- 414 (41	
Design	200		100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES Small Entity									
Fee Description Each claim over 20 (including Reissues)							Fee (\$) 50	Fee (\$) 25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple depend	dent claims						360	180	
Total Claims	Extra	Foo (\$)	Eas D	aid (\$)	M	ultinle Depende	nt Claime		
Total Claims  Claims Fee (\$) Fee Paid (\$)  Multiple Dependent Claims Fee (\$) Fee Paid (\$)							_		
HP = highest numb	per of total claims paid							_	
Indep.	Extra	Foo /\$)	Foo P	aid (\$)					
Claims   Claims   Fee (\$)   Fee Paid (\$)									
HP = highest numb	ber of total claims paid	for, if greater than 3.		_					
3. APPLICATIO		1 100 alasas a 6		/1dim1				_	
		exceed 100 sheets of the application size							
		35 U.S.C. 41(a)(1)(C						50	
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)								Paid (\$)	
100 = /50 (round up to a whole number) x =									
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge):									
SUBMITTED BY	11 (								
Signature	MULK	•		Registration No. (Attorney/Agent)	57,400	Telephone	ne (202) 344-8119		
Name (Print/Type)	Manni Li					Date	October 20, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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